

1641



Customer No. 26308

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gary J. Pond
Serial No.: 09/976,682
Filed: 11 October 2001
For: Disposable Aspirating Safety Syringe

Docket No.: 4285.17565
Examiner: Ann Y. Lam
Group Art Unit: 1641

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450



AMENDMENT TRANSMITTAL

RECEIVED
OCT 27 2003
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1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is
- ☒ a small entity
- ☐ other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed as follows: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

Date: 10/20/2003

Julie A. Wolf
Type or print name of person mailing paper

Julie A. Wolf
(Signature of person mailing paper)

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee (Small Entity)	Additional Fee (Large Entity)
Total Claims 37 CFR 1.16(c)*	16	-20 =	(4)	x \$ 9.00	\$0	\$0
Independent Claims (37 CFR 1.16(b)**	5	-5 =	0	x \$ 43.00	\$0	\$0
First Presentation of Multiple Dependent claim(s) if any (37 CFR 1.16(d))	0			\$145.00	\$0	\$0
Total Additional Fee					\$0	\$0

* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (S 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR S 1.116(a) (emphasis added).

(complete (c) or (d) as applicable)

(c) ☒ No additional fee for claims is required.

OR

(d) ☐ Total additional fee for claims required \$_____.

FEE PAYMENT

5. ☐ Attached is a check in the sum of \$_____.

☐ Charge Account No. _____ the sum of \$_____.

A duplicate of this transmittal is attached.

EXTENSION OF TERM

NOTE: "Extension of Time in Patent Cases (Supplement Amendments) - If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).

NOTE: See 37 CFR 1.645 for extensions of time in interference proceedings and 37 CFR 1.550(c) for extensions of time in reexamination proceedings.

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply
(complete (a) or (b) as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d) for the total number of months checked below:

Extension (months)	Fee for other than <u>Small Entity</u>	Fee for <u>Small Entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 420.00	\$ 210.00
<input type="checkbox"/> three months	\$ 950.00	\$ 475.00
<input type="checkbox"/> four months	\$1480.00	\$ 740.00
<input type="checkbox"/> five months	\$2010.00	\$1005.00

Fee: \$ _____

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request: \$ _____

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

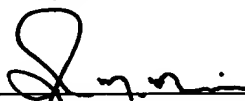
FEE DEFICIENCY

NOTE: *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6. [X] If any additional extension and/or fee is required, charge Account No. 06-2360.

AND/OR

[X] If any additional fee for claims is required charge Account No. 06-2360



SIGNATURE OF ATTORNEY

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